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FROM: Roger J. French

COMPANY: U.S.P.T.O.

DATE: April 20, 2005

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TOTAL NO. OF PAGES INCLUDING  
COVER: 3

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Re: Battery Carrier; Our File 0274-0001

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NOTES/COMMENTS:

Please see forms attached:

- Transmittal Form (1 page)
- Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)

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PTO/SB/21 (02-04)

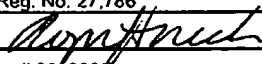
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/646,973	
	Filing Date	August 22, 2003	
	First Named Inventor	Joe BECKER	
	Art Unit	3652	
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	0274-0001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Roger J. French Beem Patent Law Firm Reg. No. 27,786
Signature	
Date	April 20, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature		Date	April 20, 2005

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/646, 973
Filing Date	August 22, 2003
First Named Inventor	Joel Becker
Art Unit	3652
Examiner Name	
Attorney Docket Number	0274-0001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

33297

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

33297

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Joel A. Becker

Date

12.31.04

Telephone

(773) 871-1926

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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